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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528762

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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36	↓	↓				
37			✓			
38				✓		
39				✓		
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41				✓		
42				✓		
43				✓		
44				✓		
45				✓		
46				✓		
47				✓		
48				✓		
49				✓		
50				✓		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	35	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				✓		
53				✓		
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						